

CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorship; associations; or general partnerships) engaged in business under a name other their own (DBA)

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: Aged to Perfection

NATURE OF BUSINESS: HAIR SALON

ADDRESS OF BUSINESS: 1708 CALUMET AVENUE Whiting, IN 46394

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Delilah J Cardenas AT Mosa Menudo Chicago, IL 60617
Name Address

Name Address

Name Address

Name Address

FORM PREPARED BY: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

[Signature]
Member's Signature

Delilah J Cardenas Owner
Printed Name Capacity

Subscribe and sworn to before me, this 22ND day of MAY, 2015

[Signature]
Signature of Notary

JANET L BOJDA LAKE
Printed Name County of Residence

(Notaries only) my commission expires MARCH 7, 2020.

Filed on May 22, 2015, Recorder.
Michael B. Brown /CP

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

[Signature]

1260 non comp CS CP



2015 031765

2015 MAY 22
MICHAEL B. BROWN
RECORDER
Notary Public - Seal
State Of Indiana
My Commission Expires Mar 7, 2020

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD